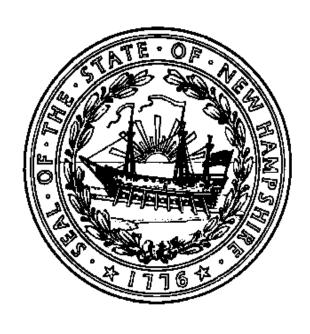
STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE

KELLY A. AYOTTE ATTORNEY GENERAL

ELECTRONIC ADDENDUM* TO SUBGRANT APPLICATION KIT

(*REQUIRES SUBMISSION OF SIGNATURE DOCUMENTS FROM PRIMARY APPLICATION)

THE STATE OF NEW HAMPSHIRE DEPARTMENT OF JUSTICE GRANTS MANAGEMENT UNIT

MISSION STATEMENT

The Grants Management Unit of the Department of Justice exists to make a difference in the lives of the citizens of New Hampshire by ensuring the proper use of federal funds for criminal justice purposes. The Grants Management Unit does this through:

- * the professional administration of grant resources;
- * the adherence to all underlying federal and state requirements;
- * the coordination of federal criminal justice resources available to the state; and
- * efficient service and assistance.

Telephone: 271-7986; E-mail: <u>timothy.brackett@doj.nh.gov</u>
Website: <u>www.doj.nh.gov/grants/index.html</u>

State of New Hampshire Department of justice

Project Narrative

[Please Note: For all text entry fields, ensure that all of your entered text is visible within the text entry box on the screen, otherwise that text will not be visible when this document is printed. If additional space is needed, please add supplemental pages using the outline found below. Text should be both visible and readable within the confines of the text box.]

below. Text should be both visible and readable within the confines of the text box.				
1. Problem Statement				
2. Program Description				
2. 1 rogram Description				

3. Goals, Objectives, Activities and Perform	ance Measures:
4. Reporting, Monitoring and Evaluating M	ethods:

APPENDIX A

STATE OF NEW HAMPSHIRE

DEPARTMENT OF JUSTICE

FORMULA E-GRANT APPLICATION ELECTRONIC COVER PAGE

a)	Program Title		b) F	federal Funds Requested \$
c)	Agency Name			
d)	Chief Elected Official/Head	d of Agency*		
	Name		Title	
	Address			
	Telephone:	Fax:		E-mail:
e)	Project Director			
	Name		Title	
	Address			
	Telephone:	Fax:		E-mail:
f)	Financial Officer			
	Name		Title	
	Address			
	Telephone:	Fax:		E-mail:
g)	Proposed Grant Period			
h)	Proposed Program Implement	entation Date		
	rant-related documents will ney be sent to the project dir		ead of	f agency unless head of agency request

APPENDIX B

BUDGET ITEMIZATION

Program Name:					
A. PERSONNEL (Job Title)	Annual Salary	Program Allowable%	Federal Funds	Matching Contribution	Total Budget
	Sı	ıbtotals			
SOCIAL SECURITY & OTHER FRINGE BENEFITS (Itemize)					
	Subt	totals Fringe			
Subtotals, Personnel & Fringe					
B. CONTRACTUAL SERVICES					
	Ş	Subtotals			
		TOTAL			

BUDGET ITEMIZATION (CONT'D)

Program Name:			
C. TRAVEL	Federal Funds	Matching Contribution	Total Budget
Subtotals			
D. FACILITY COST			
Subtotals			
E. OTHER COSTS			
Subtotals			
F. EQUIPMENT PURCHASES (Description, quantity, cost)			
Subtotals			
GRAND TOTALS			

APPENDIX C

BUDGET NARRATIVE

Program Name:					
SUBGRANT MATCH:					
A. Total Federal Dollars Requested:	\$				
B. Divide by (see application)					
C. Equals - Total Cash Match Required:	\$				
D. Match Source: State Funds	Amount:	\$			
County Funds	Amount:	\$			
Local Funds	Amount:	\$			
County Incentive Funds	Amount:	\$			
United Way	Amount:	\$			
Charitable Foundation	Amount:	\$			
Other (please describe)	Amount:	\$			

BUDGET NARRATIVE:

SUPPLEMENTAL BUDGET SHEET

(IF NEEDED)

BUDGET ITEMIZATION (Supplemental Sheet)

Program Name:	1=	1 1	
Item	Federal Funds	Matching Contribution	Total Budget
Item	runus	Contribution	Budget
Subtotals			
GRAND TOTALS			

Instructions for Using this Addendum

This application addendum is intended to be used in conjunction with the program guidance and application kit that corresponds to the grant program you are applying for. This addendum will help you complete the application cover page, budget detail sheets, budget narrative, and in some cases the application narrative, on your computer, then print and return them, along with the required signature documents included in the application kit and program guidance, to our office. Due to limitations with the standard Adobe Acrobat reader, the completed documents are not designed to be saved. You must ensure that your application is completed and printed before exiting this electronic application addendum.

This addendum is generic to all application kits, thus may not exactly match the application kit and guidance you have received. The guidance included in the program application kit must be followed when completing this addendum. Where appropriate, you may complete the program narrative portion in another application, provided that the format shown in the program guidance is adhered to. Applicants may not modify the budget detail sheets or application cover page format.

A supplemental budget detail sheet has been included in this electronic document for those instances where there is insufficient space, on the standard budget detail sheet, to list all items being requested. To use the supplemental sheet, simply place the letter and description, of the budget category in question, in the "Item" box on the supplemental sheet, then list each item as you would on the standard budget detail sheet.

You will also see that this generic budget detail sheet includes a match column. If the program guidance for the program you are applying does not list a match requirement, then you need not complete the match column.

Please contact the program manager listed in the application kit and program guidance with any questions you may have on the grant program itself. You may contact me with any technical questions you have regarding this addendum. You may reach me at (603) 271-8090 or timothy.brackett@doj.nh.gov